



State Ethics Commission

DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS

Form DOI

1	Today's Date: _____	
2	Candidate (Full Name): _____ Address: _____ City, State, Zip: _____ Telephone Number (Optional): _____ and/or _____	
3	Name of Office Sought (include district, post or judicial circuit, if applicable) State: _____ County: _____ Municipal: _____	Party Affiliation (Optional): <input type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Non Partisan <input type="checkbox"/> Other _____
4	Incumbent Name: _____	Election Year: _____

Complete additional information below **ONLY** if you have a campaign committee.
This information does not register a campaign committee. (Please use Form RC to do so.)

5	Campaign Committee Chairperson (Full Name): _____ Address: _____ City, State, Zip: _____
6	Treasurer (Full Name): _____ Address : _____ City, State, Zip: _____

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE, AND ACCURATE.

Signature of Candidate

Date

MAIL TO : THE APPROPRIATE FILING OFFICER